

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-27467
5. Indicate Type of Lease STATE x FEE
6. State Oil & Gas Lease No. L-990
7. Lease Name or Unit Agreement Name West Knowles
8. Well Number #9
9. OGRID Number 113315
10. Pool name or Wildcat Knowles, West (Drinkard)

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Texland Petroleum-Hobbs, LLC	
3. Address of Operator 777 Main Street, Suite 3200, Fort Worth, Texas 76020	
4. Well Location Unit Letter <u>E</u> : <u>1980</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>35</u> Township <u>16S</u> Range <u>37E</u> NMPM <u>Lea</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3768' GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: _____		OTHER: TA extension	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Texland Petroleum-Hobbs request approval to extend the TA status of this well.  
Please see the attached integrity chart.

Texland purchased this well bore to be part of a water flood project we are currently working on  
and request this approval to give us time to complete the project.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Vickie Smith TITLE Regulatory Analyst DATE 9/10/19

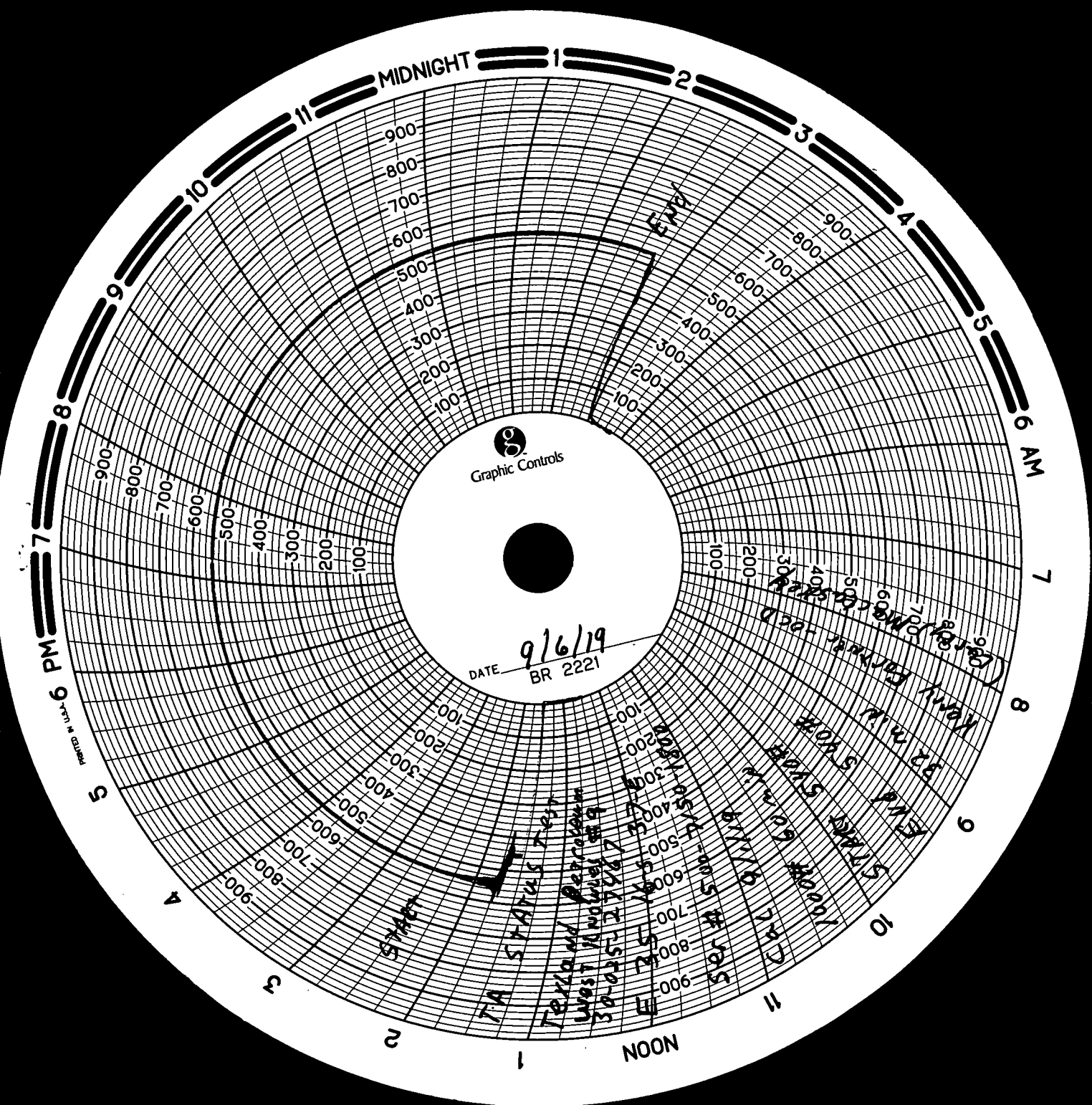
Type or print name Vickie Smith E-mail address: vsmith@texpetro.com Telephone No. 575-433-8395

For State Use Only

APPROVED BY: Rick Rickman TITLE A/O 1 DATE 9-13-19  
Conditions of Approval (if any):

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 3-31-2020  
Well needs to be PLUGGED OR RETURNED  
to PRODUCTION  
BY THE DATE STATED ABOVE: \_\_\_\_\_



State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <b>TEXLAND PETROLEUM-HOBBS, LLC</b>		API Number <b>30-025-27467-00-00</b>	
Property Name <b>WEST KNOWLES</b>		Well No. <b>009</b>	

7. Surface Location

UL - Lot <b>E</b>	Section <b>35</b>	Township <b>16-S</b>	Range <b>37-E</b>	Feet from <b>1980</b>	N/S Line <b>N</b>	Feet From <b>660</b>	E/W Line <b>W</b>	County <b>LEA</b>
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Well Status

TA'D Well <b>YES</b> NO	SHUT-IN <b>YES</b> NO	INJECTOR INJ SWD	PRODUCER <b>OIL</b> GAS	DATE <b>9/6/19</b>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>TA</b>
Flow Characteristics					
Puff	<b>Y / 0</b>	<b>Y / 0</b>	<b>Y / N</b>	<b>0 / N</b>	CO2 _____
Steady Flow	<b>Y / 0</b>	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / 0</b>	WTR _____
Surges	<b>Y / 0</b>	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / 0</b>	GAS _____
Down to nothing	<b>0 / N</b>	<b>0 / N</b>	<b>Y / N</b>	<b>0 / N</b>	If applicable type
Gas or Oil	<b>Y / 0</b>	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / 0</b>	fluid injected for
Water	<b>Y / 0</b>	<b>Y / 0</b>	<b>Y / N</b>	<b>Y / 0</b>	Waterflood

Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

MIT

MacLuskey (Larry)  
Ser # 500-7150-1806  
CAL 9-1-19  
START 540#  
End 540#

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: <b>9/6/19</b>	Phone:	
Witness: Kerry Fortner - OCD 575-399-3221		